

## Please return with the 2008 Provider Profile

Provider Number: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Shipping Address for Vaccine Delivery: \_\_\_\_\_

\_\_\_\_\_

Point of Contact, Phone Number and Email (if available) for Vaccine Ordering and Receiving:

\_\_\_\_\_

\_\_\_\_\_

Please check days of operation and list time for each day (include time off for lunch):

☐ Monday                      hours open \_\_\_\_\_

☐ Tuesday                      hours open \_\_\_\_\_

☐ Wednesday                      hours open \_\_\_\_\_

☐ Thursday                      hours open \_\_\_\_\_

☐ Friday                      hours open \_\_\_\_\_

Special Shipping Instructions (example - deliver to pharmacy, not open on federal holidays, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_